FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$59946

(1)

THE KRUGUER CORPORATION

Principal Place of Business	Mailing Address
2333 BRICKELL AVENUE Buite 1912 Miami Fl 33129	1229 CORDOVA STREET CORAL GABLES FL 33134-2478

FILED Apr 18 1997 8:00am Secretary of State



2333 BRICKELL AVENUE 1229 CORDOVA		Mailing Address 1229 CORDOVA STREET CORAL GABLES FL 33134			
				3. Date Incorporated or Qualifit 06/12/1991	3a, Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number 65-0271803	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	ө	City & State		6. Election Campaign Financing	9 \$5.00 May Be
Zip	Country	Zip	Country		for intangible tax under s. 199.032,
24	25	29	30	Florida Statutes	Yes No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent MOLICIED AWDENCE D 81 Name					
1220	IGUER, LAWRENCE D. 9 CORDOVA STREET RAL GABLES FL 33134			Address (P.O. Box Number is Not Accept	FL 85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Soctions 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations for the state of the state	ations of, Section 607.0505, Flo	es, the above-named authorized by the cor orida Statutes. É Registered Agent signature	of corporation submits this statement for the poration's board of directors. I hereby acceptable the properties of the poration of the poration of the properties of the prope	7. —
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	PT	☐ DELETE	1.1 TITLE		Change Addition
NAME	KRUGUER, LAWRENCE D		1.2 NAME		
STREET ADDRESS	1229 CORDOVA STREET		1.3 STREET ADDRESS	Į.	Į (
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP		
TITLE	VS	[]] DELETE	2.1 TITLE		Change
NAME	KRUGUER, JAN W		2.2 NAME		
STREET ADDRESS	1229 CORDOVA STREET		2.3 STREET ADDRESS	1	ŀ
CITY-ST-ZIP	CORAL GABLES FL 33134	DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE NAME		□ occeir	3.1 TITLE 3.2 NAME		Change C vaccion
STREET ADDRESS	•		3.3 STREET ADDRESS		
			3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE		Change Addition
NAME		—	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS)
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		1
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		_
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6.4 CITY-ST-ZIP	İ	

14. I do hereby cértify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.